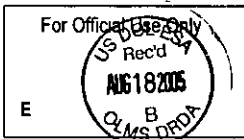


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9888</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>JOHN</u> <u>M</u> <u>PAPAS</u> P O Box, Bldg , Room No , if any Street <u>171 ERIE STREET</u> City <u>DUMONT</u> State <u>New Jersey</u> ZIP Code + 4 <u>07628</u>	4 Name, file number, and address of labor organization Name <u>UNITED FEDERATION OF TEACHERS, LOCAL 2 AFL CIO</u> Labor Organization File Number <u>063-924</u> P O Box, Building and Room Number, if any <u>11TH FLOOR</u> Street <u>52 BROADWAY</u> City <u>NEW YORK</u> State <u>New York</u> ZIP Code + 4 <u>10004</u>
5 Position in labor organization <u>ACCOUNTING MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

John Papas

On

8/9/05

Date

212-598-6882

Telephone Number

Name of Person Filing JOHN PAPAS

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name BUCHBINDER TUNICK & COMPANY, LLP

Trade Name, if any

P O Box, Bldg, Room No, if any

Street ONE PENNSYLVANIA PLAZA

City NEW YORK

State New York ZIP Code + 4 10119

9 Business deals with☒ a Labor Organization☒ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**

Name UNITED FEDERATION OF TEACHERS WELFARE FUND

Trade Name, if any

P O Box Bldg Room No, if any 52 BROADWAY

Street

City NEW YORK

State New York ZIP Code + 4 10004

11 a Nature of such dealing

PROVIDES AUDITING SERVICES TO THE UNION AND RELATED ORGANIZATION AND FUNDS

11 b Approximate dollar value of such dealing

\$243,000

12 a Nature of interest held or income received

ATTENDED CONTINUING PROFESSIONAL EDUCATION COURSES FOR CPA LICENSE PROVIDED BY BUCHBINDER TUNICK & CO LLP

12 b Amount

\$536

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment13 b Is the Business an Employer ☐ or Consultant ☐ ?**14 b Amount of payment**